### DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT REPORT REPORT					
APPLICATION WITH	First Named Inventor: Richard Ian WALKER				
( ) Declaration submitted with initial	Complete if known: App No.:				
( ) Declaration submitted after initial					
	Filing Date				
	Group Art Unit:				
As below named	l inventor. I hereby declare that:				
My residence, post office	address and citizenship are as stated belo	w next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
II	NHALABLE MEDICAMENT CARRIE	ER IN BLISTER PACK FORM	í		
the specification of which	n (check only one item below):				
[ ]is attached hereto. OR					
[x] was filed on as Un	ited States application Serial No.	or PCT International			
Application Number PCT/EP03/12159 filed 30 October 2003 and was amended on (MM/DD/YYYY)  (if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
Prior Foreign Application	PRIORITY CLAIMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
1. 0225621.2	25621.2 GB 02 November 2002		X		
2. 3.					
4.					
5.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:					
Application No. Filing Date (MM/DD/YYYY)					
1.					
<u>2.</u> 3.					

#### **DECLARATION FOR "371" APPLICATION**

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PG4977

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION			
	1		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Calls to:		
		James RIEK			
			919	483 8022	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	PASBRIG , 1	Erwin			
	INVENTOR'S	Signature	Date: 04.08-02			
	SIGNATURE	1.00%		4700 - 5		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Singen	DE	DE		
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY		
l	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US		
		Five Moore Drive, PO Box 13398	Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	WALKER	Richard	Ian		
	INVENTOR'S	Signature		Date:		
	SIGNATURE					
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Ware	Hertfordshire, GB	GB		
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US		
		Five Moore Drive, PO Box 13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR					
	INVENTOR'S	Signature		Date		
	SIGNATURE					
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	<u> </u>				
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
3	ADDRESS					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR			<u> </u>		
	INVENTOR'S	Signature		Date:		
	SIGNATURE	L.,				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP					
	POST OFFICE	POST OFFICE ADDRESS	спу	STATE & ZIP CODE/COUNTRY		
4	ADDRESS					

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APPLICATION WITH	TOWER OF ATTORNE	•	First Named Inventor: Richard Ian WALKER		
( ) Declaration submitted with initial ( ) Declaration submitted after initial	Complete if known: App No.:				
( ) Desimation such access and a such			Filing Date		
			Group Art Unit:		
As below named	inventor. I hereby declare that:				
My residence, post office	address and citizenship are as stated l	pelow next to my name.			
I believe I am the original (if plural names are listed entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
IN	HALABLE MEDICAMENT CARI	RIER IN BLISTER PACK FORM	И		
the specification of which	(check only one item below):				
[ ]is attached hereto. OR					
	ted States application Serial No.	or PCT International			
Application Number PCT/EP03/12159 filed 30 October 2003 and was amended on (MM/DD/YYYY)  (if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to	disclose information which is materi	al to patentability as defined in 37	CFR §1.56.		
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
	RIORITY CLAIMS UNDER 35 U.  Country	S.C. 119:  Foreign Filing Date	PRIORITY		
Prior Foreign Application Number (s)	Country	(MM/DD/YYYY))	CLAIMED		
1. 0225621.2	GB	02 November2002	X		
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2.					
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### **DECLARATION FOR "371" APPLICATION**

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER
PG4977

STATE & ZIP CODE/COUNTRY

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	U.S. PARENT	APPLICATION	ON or PCT PARENT A	PPLICATIO	N			
	PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				STATUS (Check one)			
U.S. Parent Application or PCT Parent Number		Parent Filing Date PATENT! (MM/DD/YYYY)		PATENTED	PENDING	ABANDONED		
		* *************************************						
prosecut	COF ATTORNEY this application ar Number 23347 ar	nd to transact a	inventor, I hereby appoint to Il business in the Patent and umber 20462	he practitioners I Trademark Of	associated with th fice connected then	rewith		
Address all correspondence and telephone calls to Customer Number 23347					<u>7</u>	Direct Telephone Cal	ls to:	
Address an correspondence and telephone cans to customer Number 2007.			-	James RIEK 919 483 8022				
Lhereby	declare that all s	tatements ma	de herein of my own kno	wledge are tru	e and that all sta	tements made on i	nformation and	
belief a	re believed to be t	rue: and furth	er that these statements	were made wit	h the knowledge	that willful false s	tatements and the	
like so	nade are punishal	ble by fine or	imprisonment, or both, u	nder 18 U.S.C	2. 1001, and that	such willful false	statements may	
ieopardi	ze the validity of	the application	on or any patent issuing t	hereon.	•			
J	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	IE .	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	PASBRIG		Erwin				
INVENTOR'S Signature				Date:				
	SIGNATURE			STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZEN	СИТР	
0	RESIDENCE & CITIZENSHIP	CITY Singen		DE	ACCOUNTRI	DE		
	POST OFFICE	POST OFFICE AL	DRESS	СІТУ		STATE & ZIP CODE/CO	UNTRY	
1	ADDRESS	GlaxoSmith	Kline	Research Tr	iangle Park	North Carolina	27709, US	
		Five Moore	Drive, PO Box 13398					
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	1E	SECOND GIVEN NAME	ZINITIAL	
2	OF INVENTOR	WALKER	0	Richard		Ian		
	INVENTOR'S SIGNATURE	Signature	Ignature WWaller 28 dan 200			2005		
0	RESIDENCE &	СПТҮ		Hertfordshire, GB		COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Ware					GB	
_	POST OFFICE	POST OFFICE AI		CITY	danala Bank	STATE & ZIP CODE/CO		
2	ADDRESS	GlaxoSmitl		Research Triangle Park		North Caronna	North Carolina 27709, US	
		FAMILY NAME	Drive, PO Box 13398	FIRST GIVEN NAM	4P	SECOND GIVEN NAME	ZINITIAI.	
2	FULL NAME OF INVENTOR	PAMILY NAME		PIROT GIVEN NAM	aL.	SECOND GIVENNAME	, ,	
_	INVENTOR'S	Signature				Date		
	SIGNATURE					<u> </u>		
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	FULL NAME	FAMILY NAME		FIRST GIVEN NA	ME	SECOND GIVEN NAM	E/INITIAL	
2	OF INVENTOR							
	INVENTOR'S	Signature				Date:		
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ا	CITIZENSHIP		·					

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POST OFFICE ADDRESS

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